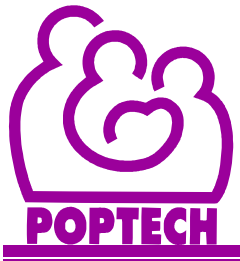

EVALUATION

OF THE

ENGENDERHEALTH

COOPERATIVE AGREEMENT

1998–2003

EXECUTIVE SUMMARY

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Finally, the team notes its appreciation for the tireless support it received from Catherine Hastings of the Population Technical Assistance Project.

ACRONYMS

AO	Administrative Order
ASP	Active Server Pages
AVSC International	Former name of EngenderHealth
CA	Cooperating agency
COPE	Client-oriented, provider-efficient services
CPR	Contraceptive prevalence rate
CYP	Couple year of protection
D&C	Dilation and curettage
DHS	Demographic and Health Survey
DMPA	Depo-Provera
DOH	Department of Health
EOC	Emergency obstetric care
FHI	Family Health International
FP	Family planning
FPAK	Family Planning Association of Kenya
FY	Fiscal year
GH	Bureau for Global Health, USAID
ICPD	International Conference on Population and Development, Cairo, 1994
IEC	Information, education and communication
IMIS	Integrated management information system
IR	Intermediate Result
IUD	Intrauterine device
JHU/CCP	Johns Hopkins University/Center for Communication Programs
JSI	John Snow, Inc.
LAP	Laparoscopy
LGU	Local government unit
LPP	Local Government Unit Performance Project (the Philippines)
MCH	Maternal and child health
ML	Minilaparotomy
MLA	Minilaparotomy under local anesthetic
MOH	Ministry of Health
MSH	Management Sciences for Health
MVA	Manual vacuum aspiration
NGO	Nongovernmental organization
NIPHP	National Integrated Population and Health Program
NSV	Nonscalpel vasectomy
PAC	Postabortion care
PHN	Population, health and nutrition
PMAC	Prevention and management of abortion and its complications
PPIUD	Postpartum intrauterine device
RH	Reproductive health
RTI	Reproductive tract infection
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
URC	University Research Co., LLC
USAID	United States Agency for International Development
WHO	World Health Organization
WST	Whole-site training

EXECUTIVE SUMMARY

This report presents the evaluation of the 1998 to 2003 cooperative agreement between the U.S. Agency for International Development (USAID) and EngenderHealth. The evaluation looks at the impact of EngenderHealth's activities on the access, quality, scaling up, and institutionalization of clinical services delivery since 1998. This includes family planning (FP) clinical services, postabortion care (PAC), voluntarism and informed choice, quality improvements, male involvement in FP, research and evaluation, and global leadership activities.

The evaluation team analyzed national Demographic and Health Survey (DHS) data (on clinical method prevalence, desire for additional children, and unmet need for limiting methods) in EngenderHealth-supported countries and available service statistics reported from EngenderHealth-affiliated project sites. The team enriched findings from the statistical data with qualitative assessments of the key project components based on

- a review of project documents,
- an appraisal of EngenderHealth's detailed background self-assessment document incorporating both quantitative and qualitative findings used to draw conclusions,
- discussions with USAID/Washington and EngenderHealth staff,
- structured interviews with knowledgeable representatives from 13 USAID Missions, and
- visits to four countries in which EngenderHealth operates (Ghana, Kenya, Philippines, and Bangladesh) to observe field activity and to discuss progress with USAID Mission and EngenderHealth in-country staff, stakeholders, and partners.

The purpose of this cooperative agreement is to provide support for voluntary sterilization and other related services in developing countries in support of USAID/Washington's Strategic Objective, "Increased use of sustainable, quality family planning and reproductive health services and healthy practices through clinical and nonclinical programs." There are two levels of activity under the cooperative agreement:

- technical and programmatic assistance to country programs (field support funding) to increase availability and use of clinic-based FP services, and
- global leadership programs (core funding) to advance state-of-the-art and technical and programming guidance.

The funding ceiling for the five-year period is $137 million. EngenderHealth expects to receive $78,878,000 through June 30, 2002, of which $26,861,000 is core funding and the remainder is field support.

The project specifies six Intermediate Results (IRs) that EngenderHealth should achieve to contribute to USAID/Washington's reproductive health (RH) Strategic Objective:

IR 1: Increased availability of quality family planning and selected reproductive health services
IR 2: Clinical quality assurance/quality improvement systems established at the institutional level
IR 3: Increased client satisfaction with services provided in EngenderHealth-supported programs
IR 4: Contribution by EngenderHealth-supported programs to ensure an appropriate range of contraceptive methods and/or utilization of services within five years in selected countries
IR 5: Increased availability of technical and programmatic guidance for clinic-based services intended to improve program sustainability and client satisfaction
IR 6: Increased leadership, contribution to, and visibility within the international dialogue on family planning and reproductive health

ACCOMPLISHMENTS OF THE COOPERATIVE AGREEMENT

IR 1: Increased availability of quality family planning and selected reproductive health services

Long-Term and Permanent Methods

Using facility-level service statistics as the principal source of information for evaluating EngenderHealth efforts to improve the accessibility and utilization of long-term and permanent methods is a difficult proposition. Not all countries in which EngenderHealth has been working report service statistics. Only 19 of 32 countries with formal subagreements with subgrantees are required to provide service statistics to EngenderHealth. In addition, several large countries have graduated over the past three years and bilateral programs have ended in other countries. Quantitative evidence is too incomplete to reach definitive conclusions about the results achieved by EngenderHealth during the first three years of the current cooperative agreement.

From the information made available to the team, it can be concluded that whenever USAID budgets have been stable or rising, EngenderHealth has usually been able to increase access to clinical FP services. In countries where USAID funding has declined, EngenderHealth has been able, at least in the short term, to sustain access to services, largely by drawing upon other sources of funding.

Postabortion Care

PAC continues to be a major need in most of the EngenderHealth-assisted countries. EngenderHealth has been instrumental in initiating PAC services in many countries over this cooperative agreement. To date, PAC has been most effective in treating abortion complications. Because most services dealing with FP provision and counseling are generally offered in locations that are separate from obstetric and gynecology services, developing effective linkages between the two types of services has been difficult. This is an area that will need continuing attention within the PAC context.

Men as Partners

Expanding and improving men's access to RH services was a focus area during the current cooperative agreement. The number of EngenderHealth-supported sites providing male RH services rose significantly. However, only about one third of all EngenderHealth-affiliated sites offered vasectomy as part of their male RH service package. The effect of men as partners programming on acceptance of vasectomy will need to be closely monitored.

IR 2: Clinical quality assurance/quality improvement systems established at the institutional level

Quality Improvement

Quality improvement has been an area in which EngenderHealth worked extensively. EngenderHealth has a systematic approach to quality improvement. It has developed several quality improvement tools, promoted the use of these tools, and updated them continuously. The utilization of various tools has led to practices that improved the quality of services even in resource poor settings. EngenderHealth conducted a number of studies to quantify results of quality initiatives. It is important to find ways of adapting the quantitative evaluation methodologies EngenderHealth has developed in order to measure results of quality improvement tools in a variety of country settings.

Service-Based Training

EngenderHealth has trained thousands of trainers, providers, and managers in topics ranging from sterilization techniques to health care management during this cooperative agreement. Training has been a major achievement of EngenderHealth work, especially in clinical methods, counseling, and materials development. The high quality of this training has been acknowledged by host country institutions and USAID Missions. Since 1998, however, the number of training events and trainees has been declining for clinical FP (with the exception of Norplant) in favor of nonclinical training. This trend may be due to the increased number of host country institutions taking responsibility for training.

Informed Choice and Voluntarism

EngenderHealth has been scrupulous in promoting informed choice and voluntarism in all countries in which it works. It has been successful in providing leadership in identifying issues and developing strategies to transfer these concepts to the clinical level. Although there are still challenging issues, such as provider bias, EngenderHealth is well aware of these issues and has a sound strategy to deal with them.

IR 3: Increased client satisfaction with services provided in EngenderHealth-supported programs

EngenderHealth continues its commitment to being client oriented. The quality improvement tools include components that use client feedback to improve service quality. EngenderHealth also conducted several studies to examine client's perceptions and satisfaction with services provided.

IR 4: Contribution by EngenderHealth-supported programs to ensure an appropriate range of contraceptive methods and/or utilization of services within five years in selected countries

Success in improving the utilization of clinical contraceptive services (measured by the number of clients served and the number of clients served per site) has been mixed. There are notable successes (e.g., the rise in female sterilization in several Latin American countries and gains in Norplant use in Ghana), but there have also been several disappointments (e.g., reported declines in female sterilization in Nepal and reductions in the number of intrauterine device [IUD] clients served in Nepal and Tanzania).

Among countries reporting service statistics, there have also been declines in the average number of clients served per EngenderHealth-supported site. Unfortunately, it is often not possible to determine the extent to which this trend is due to compositional change in the countries in which EngenderHealth has been working, recent realignments of country program activities, altered service statistics reporting requirements, or underlying change in program performance. However, on an annualized basis, long-term and permanent method client loads per site are often quite low, particularly in such countries as Nepal, Kenya, and Nigeria.

IR 5: Increased availability of technical and programmatic guidance for clinic-based services intended to improve program sustainability and client satisfaction

While many aspects of sustainability in developing country settings are beyond EngenderHealth's control, it has paid attention to issues of scaling up, institutionalization, and sustainability. The extent of EngenderHealth's contribution to sustainable clinical FP services is different in individual countries. There is a need to compare approaches across countries, identify best practices and lessons learned, and ensure that these results are widely disseminated, both within EngenderHealth and among other countries.

IR 6: Increased leadership, contribution to, and visibility within the international dialogue on family planning and reproductive health

Leadership

EngenderHealth has proven to be a leader in addressing technical issues in clinical FP and other related areas, such as PAC, through country programs and the development of guidelines and standards. In many countries, EngenderHealth also has been a leader in policy development to support the availability and accessibility of clinical FP services. Because of EngenderHealth's rich experience throughout the world, it could strongly advocate for clinical FP services as an essential RH service.

Research

EngenderHealth has implemented a substantial research program. There are many examples of research results leading to program improvements. Key research themes have been reproductive health for men, clinical studies on vasectomy techniques, and

PAC. It is notable that research has often been directed towards the development of new clinical procedures and quality assurance tools. While much research is also focused on clinical FP issues, EngenderHealth has not used research to address broad global issues, such as determining the reasons for the worldwide plateau of voluntary sterilization levels, institutionalization/sustainability, and how to address remaining barriers to acceptance.

Other Key Findings and Conclusions

National Level Trends in EngenderHealth-Assisted Countries

While it is not feasible to relate EngenderHealth project activities to national-level trends in program performance, the analysis of DHS data offers a useful contextual introduction for this evaluation. The analysis reveals that while female sterilization prevalence has been increasing in many Latin American countries, few Asian and African countries have reported substantial gains in this method. Male sterilization continues to be a much underutilized FP method. IUD prevalence has either been constant or following a downward trend in most developing countries, and Norplant still is not a major method in most developing countries.

Current and Future Demand for Clinical Contraception

Many women want to limit their fertility in countries in which EngenderHealth has been working. The percentage of currently married women who are not using contraception and do not want any more children is still high in many of these countries. In addition, many women not currently using FP report that clinical contraceptive methods are their preferred future methods.

Monitoring and Evaluation System

Over the past three years of this cooperative agreement, EngenderHealth has expended considerable effort to improve its monitoring and evaluation system. A new Results Framework was developed, including a set of indicators to measure progress in achieving results. It has also developed an integrated management information system (IMIS) for the timely collection and analyses of data. However, problems remain with the monitoring and evaluation system. The number of selected indicators is excessive. Some are difficult to collect and others do not necessarily measure intended results. Consequently, they do not always provide valuable information to EngenderHealth or USAID for measuring performance and making management decisions.

Program Focus

Despite the common vision of EngenderHealth's mandate expressed by its staff, EngenderHealth may be having difficulty maintaining its focus on clinical contraception. This concern is supported by EngenderHealth's apparent lack of urgency in dealing with low, and in some countries declining, trends in sterilization prevalence. EngenderHealth's current research agenda does little to address such global programmatic concerns. In addition, the team observed that EngenderHealth staff was interested in new non–family planning initiatives. While these initiatives are very

important for overall public health improvement, it is questionable whether they are the most central activities for meeting the unmet demand for clinical FP services.

Organization and Staffing

EngenderHealth has undergone a major reorganization and consolidation in 2001 in order to facilitate coordination of project activities. EngenderHealth's reorganization is a positive step towards integrating the work of separate divisions and will have a positive impact on field operations. EngenderHealth headquarters and field office staffs are highly qualified.

Relations with USAID Missions

All of the USAID Missions visited or interviewed during the evaluation have a good relationship with EngenderHealth; it is a partner highly valued by all. Missions stated that they are satisfied with the contributions of EngenderHealth, in particular with technical assistance delivered, productive working relationships, and EngenderHealth's responsiveness to Mission requests.

Funding Environment

Fluctuations in Mission use of field support funding reflect both changing Mission priorities and concerns about managing a large number of cooperating agencies (CAs). Several Missions have shifted to bilateral projects using consortia. The uncertainty of field support levels and countries from year to year affects the way EngenderHealth conducts its business. The strategic framework, developed with the assumption that recipient countries and field support levels would remain constant over the period of the agreement, is not able to provide a clear picture of achievement because that assumption has not proven valid.

Cost Sharing

EngenderHealth reached its cost share or exceeded it every year of the agreement. This requirement has enabled EngenderHealth to diversify its funding base and has been an important vehicle for promoting greater marketing and institutional development efforts.

Coordination and Collaboration

EngenderHealth works collaboratively and productively with a number of other CAs, such as Johns Hopkins University (JHU), JHPIEGO, PATH, PRIME, and the Population Council, in a number of countries. EngenderHealth and JHPIEGO, the primary USAID CAs involved in training in clinical contraception, are generally able to work out divisions of responsibility amicably in most countries where both CAs work.

KEY RECOMMENDATIONS FOR THE REMAINDER OF THE COOPERATIVE AGREEMENT

The following provides a list of summary recommendations for the remainder of the cooperative agreement. The recommendations are presented in priority order.

Continue to focus on clinical contraception.

Analysis of the DHS demonstrates that clinical contraception deserves high priority in the future. There is still considerable unmet demand in the countries in which EngenderHealth has been working. While expanding its scope to cover broader areas of health care, EngenderHealth has to be cautious to maintain its focus on clinical FP.

Improve the monitoring and evaluation system.

EngenderHealth should reduce the number of indicators used in its framework and collect only essential statistics on accessibility and use in all countries in which EngenderHealth is assisting with clinical services. EngenderHealth should also continue to improve the IMIS by upgrading accessibility and training of staff in its use.

Focus additional attention on sustainability.

EngenderHealth has considerable experience with promoting sustainability and institutionalization issues and it is in a strong position to inform the field of sustainability. EngenderHealth should review its worldwide experience in sustainability of services and identify/develop approaches and guidelines to foster sustainable program gains and to help promote increased understanding of the issues surrounding this work.

Increase advocacy efforts to promote clinical contraception.

EngenderHealth should strengthen its global efforts to have a focused advocacy role in promoting clinical FP services and to promote the mobilization of global resources for clinical contraception.

Continue to focus on postabortion care.

EngenderHealth should continue its focus to expand PAC. Because of the difficulties associated with developing linkages to integrate FP counseling and services to other reproductive health services, EngenderHealth should continue its efforts to strengthen this area within the PAC context. EngenderHealth should also track the percentage of PAC clients who accept a FP method in the sites it serves.

Develop a systematic approach to show results of quality improvement tools.

EngenderHealth has evidence that in some countries, the use of quality improvement tools has improved the quality of services. EngenderHealth should adapt the methodologies it has developed in these countries for evaluating quality improvement tools and use them for wide-scale assessment of these tools.

Maintain focus and document the effectiveness of clinical training.

EngenderHealth should maintain its focus on clinical training. The shortage of trained providers continues to be a priority issue in most EngenderHealth-assisted countries. EngenderHealth should also establish a systematic evaluation of its training activities to document the success and depth of its efforts in training.

Conduct research to address key programming issues.

EngenderHealth should revise its research agenda to address some key programming questions. EngenderHealth should also find ways to disseminate research results, best practices, and lessons learned effectively so that country programs in different regions are informed by these results.

Devote additional attention to the promotion of vasectomy.

Only one third of EngenderHealth-supported sites offering male RH care provide vasectomy services. Vasectomy services should be promoted more widely as part of men as partners programs.

Conduct qualitative research on client wants and needs.

EngenderHealth should enhance its understanding of client needs and wants, particularly in countries where clinical FP service utilization is stagnant or declining, by conducting research on client wants and needs.